Health Care Policy & Financing
FY 2022/23 R-06 & R-14

Joint Technology Committee

February 17, 2022

We now cover more than 1.59m (1 in 4) Coloradans

Administer Medicaid, CHP+ & other Safety Net Programs

Our Mission
Improve health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.

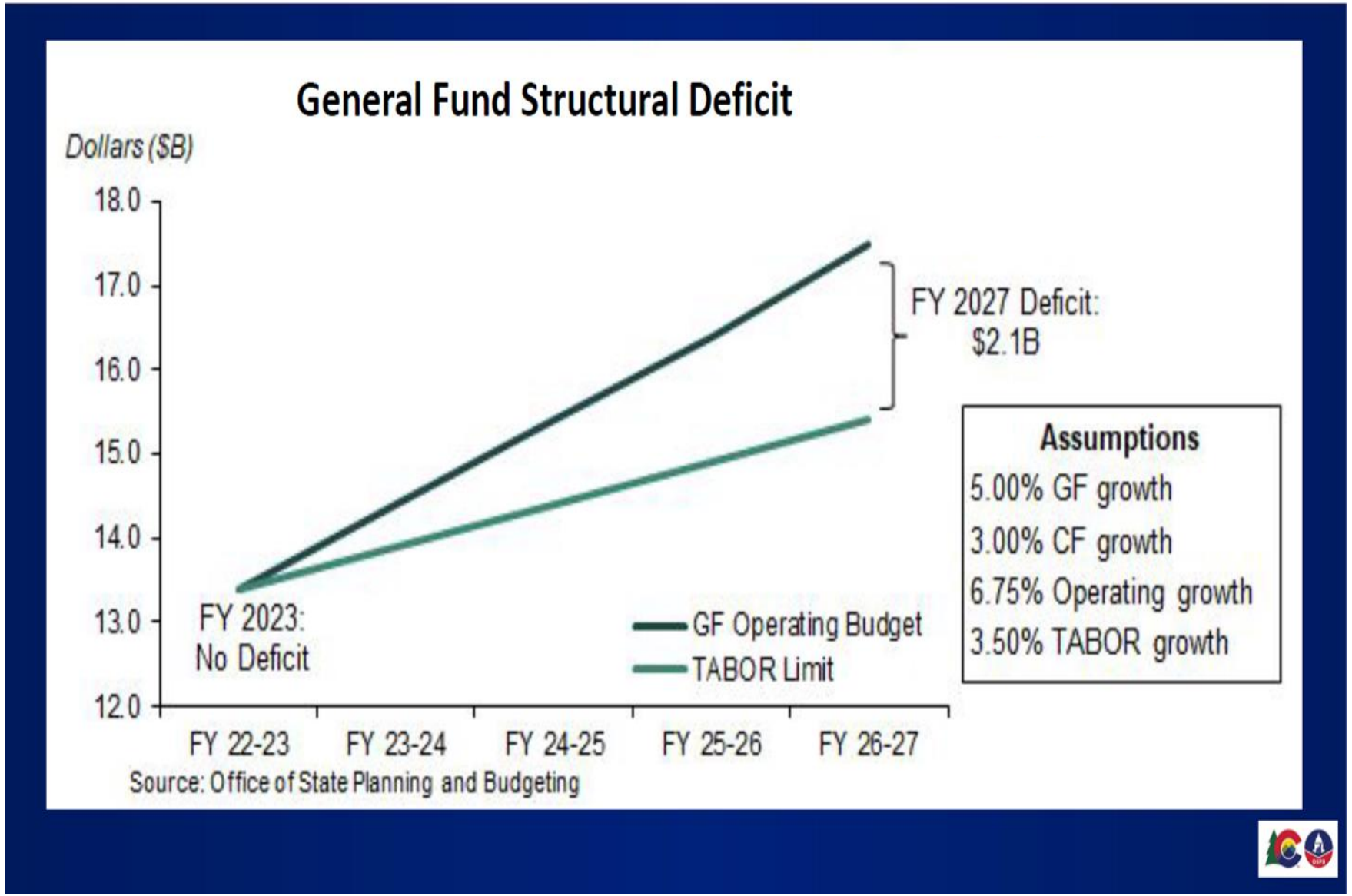
104 Completed MMIS projects with ZERO defects since 9/1/19

35 MMIS projects in the pipeline

37% of the state's TF ($13.5B)

30% of GF budget ($3.99B)

ONE-TIME FUNDS AVAILABLE BUT LONG-TERM PRESSURES REMAIN



Source: FY 2022-23 BUDGET REQUEST Governor Jared Polis November 1, 2021

Value Based Payment Goals

R-6 aligns with OeHI & HIT roadmap and supports this important work to improve quality, reduce disparities & lower costs

Improve Patient Access & Outcomes

Reduce Health Care Disparities

Drive Medicaid Affordability & Value

R-14 MMIS Funding Adjustment & Contractor Conversion

HCPF is federally-required to use a Medicaid Management Information System (MMIS) to process claims for payment to providers of health care services for Medicaid and CHP+ members. MMIS is certified by CMS.

Dept's **Health Information Office** manages Medicaid Enterprise Systems (MES): MMIS claims processing/payment, data warehouse, system governance process, system project management, vendor management in coordination with OIT and systems connectivity

R-14 Request - better ensures accuracy, timeliness, compliance, customer service

- Originally appropriated to fund contractors, need JBC approval to fund FTE instead
- Rightsizing use of contractor funds across the Dept, including for claims processing systems and operations
- FTE could fill same roles more effectively while creating maneuverability, flexibility and better oversight of system vendors

Committee Questions #1-3 on R-14 (MMIS Funding Adjustment and Contractor Conversion)

Parrish Steinbrecher, Health Information Office Director

Federal CMS Requirements
Question #1

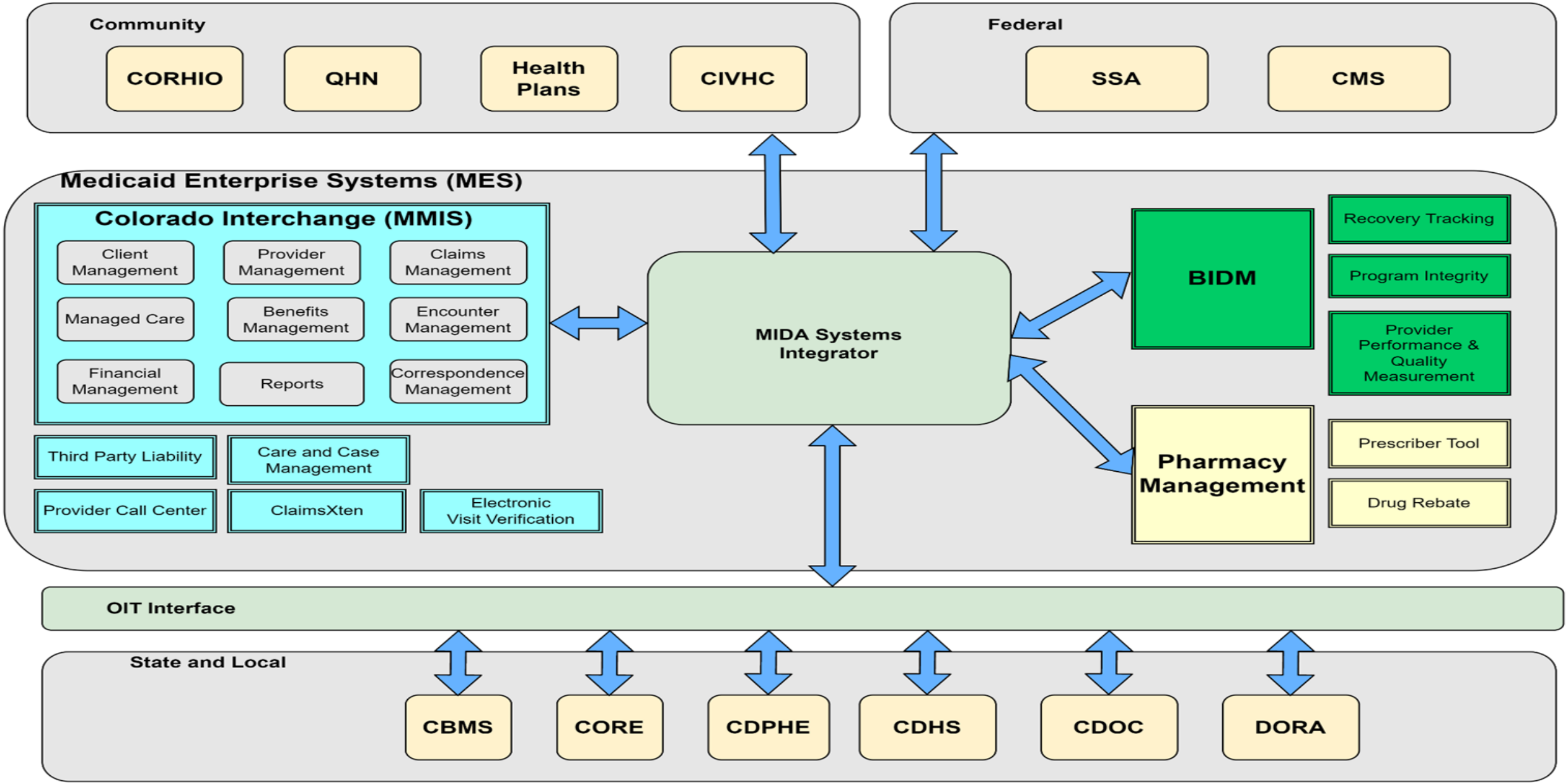
Centers for Medicare and Medicaid (CMS) requirements are for a data flow between a well-designed modular system architecture and trends away from large, single-system implementations

42 CFR § 433.112 - Federal Financial Participation for design, development, installation or enhancement of mechanized processing and information retrieval systems

- 90% federal & 10% state for design, development, installation, or enhancement of the Department's Medicaid Enterprise Systems (MES)
- One condition to receive enhanced federal match is that a system must use a modular, flexible approach to systems development

The primary systems of the current MES are the Colorado interChange also known as the Medicaid Management Information System (MMIS), the Business Intelligence Data Management system (BIDM), and the Pharmacy Benefits Management System (PBMS)

- Within each primary system, there are various COTS products and subcontractors that provide further modularity


Community
CORHIO
QHN
Health Plans
CIVHC
Federal
SSA
CMS
Medicaid Enterprise Systems (MES)
Colorado Interchange (MMIS)
Client Management
Provider Management
Claims Management
Managed Care
Benefits Management
Encounter Management
Financial Management
Reports
Correspondence Management
Third Party Liability
Care and Case Management
Provider Call Center
ClaimsXten
Electronic Visit Verification
MIDA Systems Integrator
BIDM
Recovery Tracking
Program Integrity
Provider Performance & Quality Measurement
Pharmacy Management
Prescriber Tool
Drug Rebate
OIT Interface
State and Local
CBMS
CORE
CDPHE
CDHS
CDOC
DORA

Department's Business Analysts, Testers, & Project Managers Question #2

- The Department is not building systems from the ground up and contracts out all systems to qualified vendors who already work in Medicaid or Health Care
  - Primarily customizing, configuring, and testing changes in existing systems already in the Commercial or Medicaid health care market, not "coding" in systems.
  - A critical skill set for Medicaid Business Analysts is having Medicaid and CHP+ complicated policy knowledge, which takes years to develop. Medicaid Business Analyst do much more than a traditional IT Business Analyst.
  - Business Analysts and Testers that do not have the knowledge or experience in the Medicaid/CHP+ program add time and cost to the program
  - Experienced Dept staff reduce the number of defects in the production environments, reduce implementations of incorrect program policies, mitigate risk, manage service levels, provide expert policy knowledge, and escalate to resolve issues quickly
- Implementing incorrect policies pose significant harm to members & providers and cause costly rework

OIT Partnership
Question #2

- The Department currently funds two dedicated security resources at OIT that support, implement, and review best practices and standards for IT security and disaster recovery in all Department systems
- Our procurement and contracts team collaborates with and follows the OIT procurement and contracts process, and technical standards
- The Department collaborates with OIT to obtain the Authority to Operate (ATO) for systems and approvals for vendor network & architectural security
  - In this work, OIT PM's and analysts are engaged to complete the processes
- OIT manages all network access, vendor architecture and network approvals, as well as all access requests into the state network
- The Department & OIT have established business workflows that govern vendor system access processes

R-14: Converting Contractors to FTE
Question #3

For the MMIS, HCPF has 41 active projects. 23 are mandated by either State or Federal legislation:

Federal Projects - High Priority

- Override Existing Member Eligibility Spans - Public Health Emergency (PHE) must end
- Accept, Process, and Story Qty Prescribed in the 4.2 Pharmacy National Council for Prescription Drug Program file (MMIS/BIDM)
- Extract Medicare Buy-in File and submit to CBMS (MMIS and CBMS)
- DME/Oxygen Reimbursement based on Member Location
- Prorate Reimbursement for Partial Eligible clients
- Provider Licensing - Phase 1
- Provider Licensing - Phase 2
- Third Party Liability (TPL) Coverage Types and Claims Processing (TPL and MMIS)
- Electronic Visit & Verification (EVV) Provider Editing Enhancements / COTS product maintenance updates

State Projects - High Priority

- Inpatient Hospital Review Program (IHRP)
- In-Home Dialysis Regional Payment Rates
- Multi-Factor Authentication for the Portal and interChange User Interface (Policy/3rd Party Dependency); Modular COTS
- Managed Care Encounter Claims Updates for Manual Pricing and New Lab-Radiology Duplicate Audit
- Case and Care Management Tool Implementation
- Home & Community Based Services (HCBS) Denver County Pricing
- HCBS Streamline Eligibility (CBMS, MMIS and CCM)
- Onboard CO Dept of Revenue to MMIS Vendor Intercept Process
- Telemedicine Provider Specialty Type
- HB21-1275 - Automation: Prevent Duplicate Injectables
- SB21-009 - Provide Reproductive Health services regardless of citizenship or immigration status
- SB21-025 - Family Planning for Eligible Coloradans
- SB21-194 - Provide 12 months of Postpartum Services
- SB16-120 - Explanation of Benefit Enhancements (CBMS & MMIS)
- Audit requests (Research and enhancements based on findings)
- Agile Projects: Benefit Changes to Medicaid/CHP. Incorporate CDHS's Behavioral Health

Committee Questions #1-2 on R-6 (Value Based Payments)

Parrish Steinbrecher, Health Information Office Director

Alignment with the Governor's Office of eHealth Innovation, Colorado Health IT Roadmap Question #1

HCPF is Fiscal Agent for the Governor's Office of eHealth Information, which also leverages HCPF's resources: procurement, HIO resources, office space, etc.

The Department works very closely with OeHI as a key partner in developing the Colorado Health IT Roadmap, securing federal match dollars, and as a member of the OeHI Commission

From the updated Colorado Health IT Roadmap issued in November 2021, the R-6 Value Based Payments budget request leverages the OeHI foundational work and goals necessary to enable value based payments.

- Roadmap Goal 1: Coloradans, providers, payers, community partners, state, local, and Tribal agencies share data and have equitable access to needed health and social information
- Roadmap Goal 2: Coloradans access high-quality in-person, virtual, and remote health services that are coordinated through information and technology systems

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Committee Questions #3-4 on R-6 (Value Based Payments)

Tom Leahey, Pharmacy Office Director

Pharmacy Prescriber Tool
Question #3

- The Prescriber Tool is a collection of modules accessible to physicians through their EHR systems
- The Department has contracted with Magellan Health (the Department's pharmacy benefit manager, or PBM) to provide electronic prescribing (eRX), Real-Time Benefit Inquiry (RTBI), and electronic prior-authorization (ePA) capabilities
  - These capabilities are provided through commercial, off-the-shelf products configured consistent with Medicaid pharmacy benefit policies
  - Magellan has partnered with Surescripts and CoverMyMeds to support these modules and provide the Medicaid pharmacy and patient data to various EHR systems
- The Prescriber Tool also includes an opioid risk mitigation module provided through the Opisafe platform. The Department has contracted with Rx Assurance to provide this module, which is also accessible through EHR systems. This platform is also a commercial off-the-shelf product that provides Medicaid-specific pharmacy and patient information

Preferred Drug List (PDL)
Question #4

- Preferred Drug List (PDL): Department maintained list of preferred and non-preferred drugs
- No direct, real-time transactions between Preferred Drug List (PDL) & Prescriber Tool
  - ➢ Therefore, degradation within the Prescriber Tool is not possible

Committee Questions #5 & #8 on R-6 (Value Based Payments)

Bettina Schneider, Finance Office Director and
Chief Finance Officer

Differences Between the Data Sharing Solution for the Maternity Bundle APM and the Prospective Partial Capitations to Primary Care Physicians Question #5

- Procuring a vendor with R-6 funding to determine data sharing solution
- Based on market research and experience, anticipate portal and dashboard similar categories of data/information
- May be some similarities in databasing, hosting, and user-facing functional components
- However, technical solutions substantially different:
  - Required claim dataset
  - Algorithm and definitions of provider cost, service quality performance & savings
  - Calculation methodologies of provider cost, service quality performance, shared saving

Details Regarding the Cost Estimates
Question #8

CMS Approval on January 4, 2022 of 90/10 Funds for Analytical Tools & Systems Costs

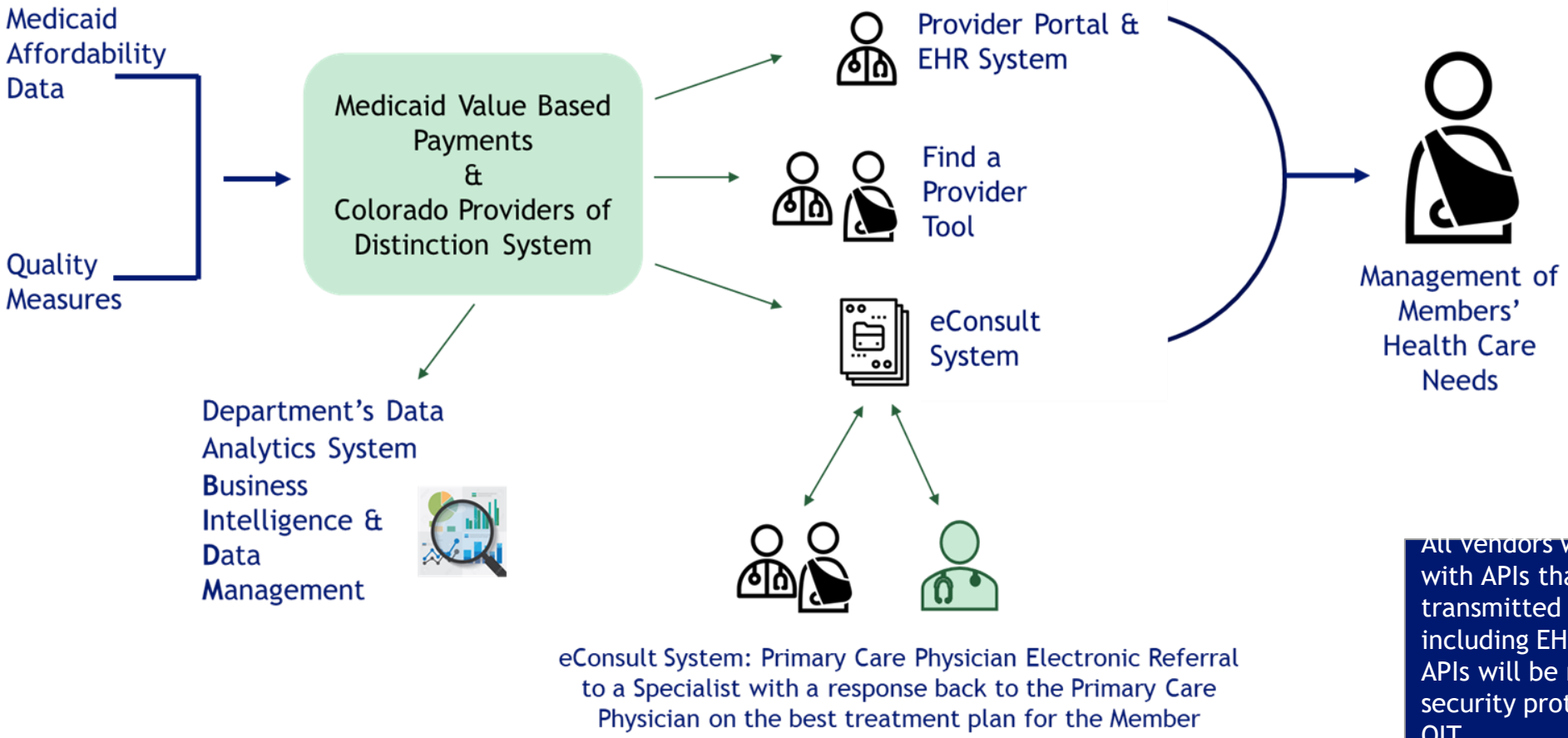
Pharmacy Prescriber APM: portal and dashboard showing utilization, quality, performance (est. 3k-4k practices)	Portal: $600,000 Data Integration: $301,839 **Total: $901,839**
Maternity Bundle APM: portal and dashboard showing utilization, cost, quality, gap analysis, savings calculations (est. 200 OB practices, 20 measures)	Measure Submission: $3,160,000 Measure Development: $600,000 Portal: $480,000 Data Integration: $374,060 **Total: $4,614,060**
Primary Care Adults and Pediatric APMs: portal and dashboard clinical data from electronic medical record systems, utilization, avoidable events, performance	Portal and Dashboard: $800,000/each Integration: $549,263/each **Total: $1,349,263/each**
Colorado Providers of Distinction: implementing an episode grouping algorithm to produce outputs for a minimum of 10 episodes that show the typical and complication costs that are associated with various episodes of care, using the Tennessee Medicaid (TennCare) episode definitions as a starting point; portal and visual analytics of performance, quality, safety, and efficiency metrics within episodes of care; metric determination; and dissemination through existing platform; integrated with Medicaid member access through Find a Provider tool	Episode Grouping: $750,000 Portal and Analytics: $250,000 Platforms Linkage: $1,000,000 Integration: $251,102 **Total: $2,251,102**

Committee Questions #6, #7, #9 - 13 on R-6 (Value Based Payments)

Parrish Steinbrecher, Health Information Office Director

Kim Bimestefer, Executive Director

Data Sharing Solution Integration with electronic health records (EHRs) systems & Medicaid Business Intelligence and Data Management system (BIDM) Question #6



eConsult System: Primary Care Physician Electronic Referral to a Specialist with a response back to the Primary Care Physician on the best treatment plan for the Member

All vendors will provide solutions with APIs that allow data to be transmitted between systems, including EHRs and the BIDM. Such APIs will be required to follow the security protocols established by OIT.

Planning, Testing & Change Management Questions #7, #9

- The Department conducts load testing with large system implementations, to simulate volumes and ensure the system is performing as expected. This plan is included in the User Acceptance Testing of the systems prior to approving production release. This contract requirement to perform load testing will be included in the vendor contract(s).

- The APM and Colorado Providers of Distinction projects will be assigned a project manager from the Department's Enterprise Project Management Office (EPMO) and will follow the EPMO's standardized project management process, including a change management process known as ADKAR.

Connections to Find a Provider Tool, eConsult
Questions #10, #11, #12, #13

- Our goal is to display information in the Member Find a Provider tool and the provider eConsult platform that summarizes cost and quality performance
  - The Find a Provider Tool is accessible to members through the Colorado PEAK website, their PEAK accounts, Internet Find a Provider Search, and is integrated into the Health First Colorado mobile application
  - It is the Department's intention that Colorado Providers of Distinction would be listed as a higher priority match when seeking consults, referrals, and services
- Department does not have the Medicaid provider directory in MyColorado since individuals with private health insurance need to verify that providers are within their insurer's network before receiving any medical services
- We anticipate that solutions (eConsults, Providers of Distinction) will not have an administrator feature that the Department manages since the solutions will be maintained by a vendor, not directly by the Department

Questions?

Thank you!

Providers of Distinction Program Features Summary

Improve Patient Access & Outcomes
Reduce Health Care Disparities
Drive Medicaid Affordability & Value

- Identifies providers delivering affordability and better outcomes (quality & safety) for Medicaid Members
- Evaluates and reports on outcomes and episode prices for specific procedures
- Data insights tools used by Medicaid primary care providers, consumers and others to inform patient referrals
- Value-based payments to reward performance
- Supports related eConsults work
- Improve provider sustainability and care access for rural Coloradans